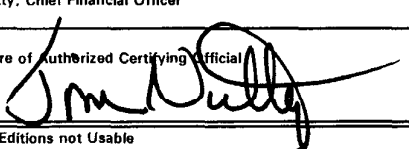


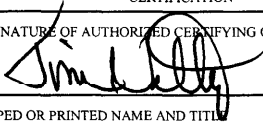
OCT 31 2002

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission Alaska		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0021-DC-2001-13		OMB Approval No. 0348-0039		Page 1	of pages
3. Recipient Organization (Name and complete address, including ZIP code) ALEUTIAN/PRILOF ISLANDS ASSOCIATION, INC. 201 East 3 rd Avenue ANCHORAGE, AK 99501-2544							
4. Employer Identification Number 92-0073013		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instr) From: (Month, Day, Year) 09/01/2000		To: (Month, Day, Year) 12/31/2005		9. Period Covered by this Report From: (Month, Day, Year) 09/01/01		To: (Month, Day, Year) 09/30/02	
10. Transactions:				I Previously Reported		II This Period	
a. Total Outlays				175,130.12		412,366.55	
b. Recipient share of outlays						587,496.67	
c. Federal share of outlays				175,130.12		412,366.55	
d. Total unliquidated obligations						554,785.42	
e. Recipient share of unliquidated obligations							
f. Federal share of unliquidated obligations						554,785.42	
g. Total Federal share (Sum lines c and f)						1,142,282.09	
h. Total Federal funds authorized for this funding period						1,200,225.00	
i. Unobligated balance of Federal funds (Line h minus line g)						57,942.91	
11. Indirect Expense		a. Type of Rate (Place "x" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate 4.3%		c. Base 563,275.81		d. Total Amount 24,220.86	
		e. Federal Share 24,220.86					
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Jim Nutty, Chief Financial Officer				Telephone (Area code, number and extension) (907) 276-2700 Ext 249			
Signature of Authorized Certifying Official 				Date Report Submitted 10/30/02			

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

REQUEST FOR ADVANCE OR REIMBURSEMENT		Approved by Office of Management and Budget, NO. 80-R0183		PAGE 1 OF 1 PAGES	
(See instructions on back)		1. TYPE OF PAYMENT REQUESTED		a. "X" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	
		b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED Denali Commission 510 "L" Street, Suite 410 Anchorage, AK 99501		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 0021-DC-2001-13		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 5	
6. EMPLOYER IDENTIFICATION NUMBER 92-0073013		7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER		8. PERIOD COVERED BY THIS REQUEST	
				FROM (month, day, year) 09/01/02 TO (month, day, year) 09/30/02	
9. RECIPIENT ORGANIZATION Name : Aleutian/Pribilof Islands Association Number and Street : 201 East 3 rd Avenue City, State and Zip Code : Anchorage, AK 99501-2544		10. PAYEE (Where check is to be sent if different than item 9) Name : Number and Street : City, State and Zip Code :			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program Outlays to date (As of date) 09/30/02		\$587,497.00			\$587,497.00
b. Less: Cumulative program income					
c. Net program outlays (Line a minus line b)		587,497.00			587,497.00
d. Estimated net cash outlays for advance period		162,503.00			162,503.00
e. Total (Sum of line c & d)		750,000.00			750,000.00
f. Non-Federal share of amount on line e					
g. Federal share of amount on line e		750,000.00			750,000.00
** Requested 400,000 received 375,000					
h. Federal payments previously requested **		375,000.00			375,000.00
i. Federal share now requested (Line g minus line h)		375,000.00			375,000.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal cash outlays that will be made during period covered by the advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 			DATE REQUEST SUBMITTED 10/30/02
		TYPED OR PRINTED NAME AND TITLE JIM NUTTY, CHIEF FINANCIAL OFFICER			TELEPHONE (AREA CODE, NUMBER, EXTENSION) (907) 276-2700 EXT 249

This space for agency use